

Atty. Docket No. GEN10 P-397

CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

1/26/04
Date

Rebecca A. Westers

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit	:	2632
Examiner	:	Nina C. Tong
Applicant	:	Robert R. Turnbull et al.
Appln. No.	:	09/827,304
Filing Date	:	April 5, 2001
Confirmation No.	:	4135
For	:	VEHICLE REARVIEW MIRROR ASSEMBLY INCORPORATING A COMMUNICATION SYSTEM

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

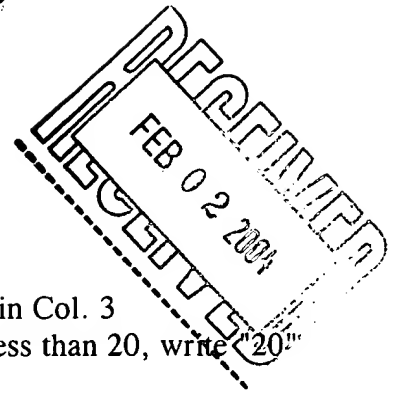
Transmitted herewith is a Reply to Restriction Requirement and Supplemental Preliminary Amendment in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 192	Minus	**200	=00	x \$9	\$ 00	x \$ 18	\$00
Independent Claims	*03	Minus	*** 38	= 00	x \$43	\$00	x \$ 86	\$00
First Presentation of Multiple Dependent Claims \$145						\$00	x \$290	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00		\$00

Applicant : Robert R. Turnbull et al.
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Page : 2

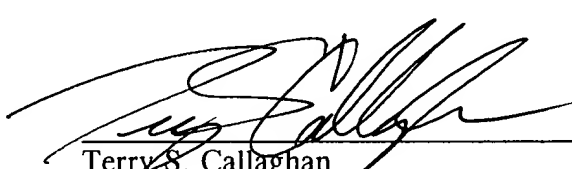


- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. _____ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. x No additional fee is required.
3. _____ A check in the amount of \$_____ is attached.
4. x Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON, LLP

1-26-2004
Date


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TSC/rsw



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INCORPORATING A COMMUNICATION SYSTEM

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Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

REPLY TO RESTRICTION REQUIREMENT AND
SUPPLEMENTAL PRELIMINARY AMENDMENT

This is a response to the restriction requirement set forth in the Office Action mailed December 24, 2003. Applicants wish to amend the claims at this time in the manner set forth below.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 32 of this paper.